

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 553344

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3							
4							
5							
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9							
10							
11							
12							
13							
14							
15		1					
16							
17							
18	1						
19		1					
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27	1						
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49							
50							
TOTAL IND.	3	↓		↓		↓	
TOTAL DEP.	26	←		←		←	
TOTAL CLAIMS	29						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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96							
97							
98							
99							
100							
TOTAL IND.				↓			
TOTAL DEP.			←		←		
TOTAL CLAIMS							